COMMONWEALTH OF KENTUCKY TREY GRAYSON SECRETARY OF STATE



STATEMENT OF REGISTRATION OR RENEWAL OF LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of KRS Chapter 362, the undersigned hereby applies for registration or renewal as a limited liability partnership on behalf of the partnership named below and for that purpose submits the following statements:

Comparing on behalf of the partnersh		Submits the following	ig statemen	
Registration (CHECK ONE)	ewal			
. The name of the limited liability partnersh	ip is			
. The state or country of formation is				
. The principal office address is				
Address	City	State	Zip Code	
. The number of partners is				
. The names of the partners are				
Name of Parter		Name of Partner		
Name of Parter		Name of Partner		
Name of Parter		Name of Partner		
. The nature of the business of the partners	(Attach a continuation sheet , if necessary) Ship is			
	(Brief Description)			
The statement is executed by				
Signature	Print or type name and title		Date	
Signature	Print or type name and title		Date	
Signature	Print or type name and title		Date	
Signature	Print or type name and title		Date	

Registration or Renewal of Limited Liability Partnership Filing Instructions

REGISTRATION OR RENEWAL

If the limited liability partnership is applying for registration as a domestic or foreign LLP, check the appropriate block. If the limited liability partnership is applying for renewal of registration as a domestic or foreign LLP, check the appropriate block.

NAME OF REGISTERED LIMITED LIABILITY PARTNERSHIP

A limited liability partnership name must contain the words "Registered Limited Liability Partnership" or the abbreviation "LLP" as the last words or letters of its name.

PRINCIPAL OFFICE ADDRESS

State the principal office address.

NUMBER OF PARTNERS

State the total number of partners of the partnership.

NAMES OF PATNERS

State the names of all partners of the partnership. Attach a continuation sheet, if necessary.

NATURE OF BUSINESS

The partnership must give a brief description of the nature of the business in which it is engaged.

WHO MAY SIGN

The statement must be signed by a majority in interest of the partners or by one or more partners authorized to execute the statement.

NUMBER OF COPIES

Submit the original signed statement and one exact or conformed copy. (May be a photocopy) One file-stamped copy will be returned to the registered limited liability partnership as evidence of filing.

FILING FEES

The filing fee for registration or renewal statement is \$200.00.

Your check should be made payable to the "Kentucky State Treasurer".

MAILING ADDRESS

Trey Grayson Secretary of State P. O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

WEB SITE ADDRESS

Our home page address is: //www.sos.state.ky.us

Click on "On Line Business Database" for information on status of all business entities in Kentucky. Forms are also available on our web site.

For name availability, call (502) 564-2848, press 2, and then press1.

For further information, call (502) 564-2848, press 2, and then press 3 or try our web site.

NOTE: Registration of a limited liability partnership is effective for one year from the date it is filed with the Secretary of State. Registration must be renewed annually. A renewal statement must be filed with the Secretary of State during the sixty—day period before the statement expires. A renewal statement filed with the Secretary of State renews the registration for one year from the original file date of registration. The partnership should arrange its own reminder of the renewal deadline, since the Secretary of State is not obliged to send renewal statements.